

**Dr. Larry “Chip” Bankston**

### **ECRB Debridement with Repair**

#### **Surgical Procedure**

Following an incision along the lateral epicondyle, the common extensor tendon origin is sharply detached subperiosteally from the epicondyle and reflected back. The pathologic tissue from the undersurface of the extensor mechanism is excised.. The lateral epicondyle is debrided and prepared for reattachment of the extensor tendon origin.

#### **Postoperative Rehabilitation**

##### **2 Weeks Postop**

The bulky compressive dressing is removed. A light compressive dressing is applied to the hand, forearm and above elbow.

Scar mobilization techniques are initiated. This will consist of scar massage with lotion, along with the Rolyan 50/50, Otoform K, or Elastomer.

AROM exercises are initiated to the elbow, forearm, wrist and hand 6 times a day for 10 minute sessions. Note: Initially, AROM exercises to the elbow should be performed separate from exercises to the forearm and wrist. The elbow exercises should be performed with the wrist extended. The wrist exercises should be done with the elbow flexed. The purpose is to gradually allow stress on the radial wrist extensors and EDC.

A long arm splint is fabricated with the elbow in 90 degree of flexion, the forearm in neutral and the wrist in 30 degree of extension. The splint is fitted to wear between exercise sessions and at night.

##### **4 Weeks Postop**

AROM exercises may proceed to active stretching.

Elastic stockinettes or elastic bandages may be initiated as the edema begins to subside.

##### **5-6 Weeks Postop**

PROM stretching exercises may be initiated in the same sequence as followed with conservative management of lateral epicondylitis. The passive stretches should be done to a count of 15. Moist heat may be applied for 10 minutes prior to performing the stretching exercises, only if the postop edema has subsided.

The longarm splint is discontinued

**7-8 Weeks postop**

Progressive strengthening may be initiated to the wrist, forearm, elbow and shoulder, assuming the patient is pain-free. To begin with a 1 pound weight and gradually increase to 4 lbs (for women) and 6-8 lbs (for men) should be sufficient for regaining upper extremity strength. Note: It is critical to slowly build the strength of the radial wrist extensors once the strengthening program is initiated. Initially, strengthen the wrist and forearm in the limited arc of motion with the elbow flexed.

**Considerations**

When strengthening is initiated, the counterforce brace should be worn until the patient has completed the strengthening program and is asymptomatic. It is recommended the patient continue the counterforce tennis elbow band for 6 months when returning to sports or work-related activities which are noted to be factors predisposing for the lateral epicondylitis.